## L19000172152

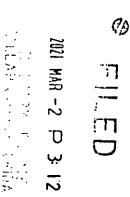
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of Silver Office
Special Instructions to Filing Officer:

Office Use Only



600361091426

03/02/21--01023--008 \*\*25.00



5.0,

## **COVER LETTER**

TO: Registration Section

Division of Co	rporations				
	N FLORIDA 2 LLC				
SUBJECT:	Name of Limi	ted Liability Company	<del></del>		
The enclosed Articles of	f Amendment and fee(s) are sub-	nitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Pascal Gibert				
		Name of Person			
	Best Options LLC				
		Firm/Company			
	1145 Via Jardin				
	West Palm Beach, FL 334	18			
		City/State and Zip Code			
	pgibert@bestoptionsllc.com				
	E-mail address: (	to be used for future annual report notif	(cation)		
For further information	concerning this matter, please co	all:			
Pascal GIBERT		561 214-2328			
Name	of Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for	the following amount:		□ S60.00 Filing Fee. ₹		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addra Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	ction porations fallahassee e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Flori	ility Company as it now appear da Limited Liability Company)	ars on our records,)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{0}{2}$	07-02-2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company l	here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		- **	
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or register agent and/or the new registered office address here:		records, enter the na	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:			
New Registers Office Address.	Enter Fle	orida street address	Zip (Table
	<del> · · · · · · · · · · · · · · · · · ·</del>	, Florida	35
New Registered Agent's Signature, if changing Register	City ed Agent:		Zip Gade
			ا منسل سات
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance o agent as provided for in red office address, I here	of my duties, and I ai Chapter 605, F.S. C	n familiar with and Or, if this document is
	If Changing Registered A	agent, Signature of New	Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BOUCHER, CAMILLE	2531 NE 199TH ST	□∧dd
		MIAMI, FL 33180	■ Remove
			□ Change
MGR	BOUCHER, ROMAIN	2531 NE 199TH ST	
		MIAMI, FL 33180	®Remove
			□Change
MGR	BOUCHER, OLIVIER	2531 NE 199TH ST	
		MIAMI, FL 33180	
			□Change
MGR	BUSHMAN FLORIDA I LLC	1145 Via Jardin	■ Add
		West Palm Beach, FL 33418	
		<del></del>	- hange
		<del></del>	
		<del></del>	Remove
			Change
		<del></del>	□Remove
			□Change

of BUSHMAN FLORIDA 2 L	J.C					_
And serve as Manager	<u></u>	···		·		
						_
					<del></del>	_
	<u>.</u>				<u> </u>	_
				<u>-</u>	<u>.                                    </u>	_
		<del></del>				
						_
	-					_
					<del></del> -	<del></del>
		<del>.</del>			<u>.</u>	_
						_
	<u>-</u>					
			<del>,</del>		021	
		·			AR	_
ective date, if other than the o	()}-l	01-2021		(option	abil 🗧 💍	
ective date, if other than the conflictive date is listed, the date must etc. If the date inserted in this blo	has a margitize and courses of	be prior to date of fil	ing or more than 90	days after fil	ing:) Pursuant-to	05.01 isted
ument's effective date on the De	CK GOES HOT INCCL IN	c approache main	, <u>B</u> 104-1-1-		<b>3 12</b> 08/04	
cord specifies a delayed effective s filed.	date, but not an eff	ective time, at 12:0	l a.m. on the car	tier of: (b)	i ne 90th day a	ner t
ed February 2nd		1				
Avenue	_					
	Consumo of a mumbu	r or authorized repres	entative of a mem	her		

. . . .

Filing Fee: \$25.00